HEADLINES

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HMR selected to Provide TBI trust fund services

HMR Associates, based in Louisville, has been awarded a contract by the Traumatic Brain Injury Board of Directors to operate its benefits management program.

HMR Associates will be responsible for providing case management services in each of the eight health care planning regions of the state, accepting applications for assistance from the TBI Trust Fund, and distributing moneys to pay for services to children and adults with acquired brain injuries who apply to the fund for assistance.

It is expected that this program will be up and running by February 1, 2000.

To place someone on the list of persons wishing to apply for assistance from the TBI Trust Fund or to be contacted by HMR Associates for this purpose, please call the Brain Injury Services Unit at (502) 564-3615.

Inside this issue:

Welcome New providers

- Communicare, Inc., Elizabethtown
- Four Rivers Behavioral Health, Paducah

Frazier rehab offers in-service training

Frazier Rehabilitation Center of Louisville has generously offered to open the doors to its standing Wednesday afternoon in-service training sessions.

These sessions, designed for family members of persons who have acquired brain injuries, offer a wealth of basic information. Frazier is opening the session to persons who work in the field of brain injury. These sessions are appropriate training opportunities for staff who are new to the field and will be counted toward the required six hours of continuing education for those working in the ABI Waiver Program.

For further information, contact Dr. William Kraft at (502) 582-7484.

TBI Resources:
Brain Injury Websites

- Defense and Veteran's Head Injury Program: www.biausa.org/DVHhome.htm
- National Rehabilitation Information Center: www.naric.com/naric/search/t04.html
- Research and Training Center on Community Integration for Individuals with TBI: www.mssm.edu/tbinet
- Center for Disease Control Brain Injury Fact Page: www.cdc.gov/ncipc/tbi/
- JAMA Reports: http: www.caregiver.org/

Substance abuse and traumatic brain injury

By TOM CLARK
BISU Nurse Consultant

Substance abuse compromises the psychosocial and physical rehabilitative outcomes after Traumatic Brain Injury. Several strategies have been developed to help caregivers and individuals with TBI to understand and manage substance abuse recovery.

The Ohio Valley Center for Brain Injury Prevention and Rehabilitation has modified Prochaska's and DiClemente's Stages of Change Theory to provide the person with a TBI who is attempting to manage an addictive behavior with a decision-making framework.

The phases include 1) Precontemplation, 2) Contemplation, 3) Preparation, 4) Action, and 5) Maintenance.

Denial and/or lack of awareness that an addictive behavior exists characterize the **pre-contemplation** stage. Caregivers and others who are familiar with the person's addictive behavior may coerce them into a treatment program, but the person with the addictive behavior may not acknowledge their substance abuse problem. This complicates the recovery process since substantive behavioral changes cannot begin until the person acknowledges their own addictive behavior.

The **contemplation** phase is exhibited when a person with an addiction acknowledges the problem, but does not make a commitment to change the addictive behavior. The behavior continues to occur while the person with the addiction weighs the advantages and disadvantages of managing the behavior. The team of caregivers supporting the person with a TBI can help by educating them on the damaging effects the addictive behavior has on rehabilitation and provide an empathetic environment for the person with the TBI.

The intention to change a behavior without having a specific goal to meet those changes characterizes the **preparation** stage. The addictive behavior's frequency is reduced by the person, but is not eliminated. It is important for the caregivers to provide encouragement and resources that support the intention to change. Consolidating a commitment to change the destructive behavior can lead to the formation of a "change plan".

The **action** stage implements the "change plan". In this stage the addictive behavior ceases and environmental modifications that support the changed behavior are implemented. These modifications often include support groups like Alcoholics Anonymous, and nurturing relationships with people who support the changed behavior

Positive changes in physical or cognitive functioning should be emphasized to help the person stay motivated.

The **maintenance** phase consolidates the lifestyle changes implemented during the action phase. A person with a TBI who follows their "change plan" for six months without relapse is considered to be in the maintenance phase.

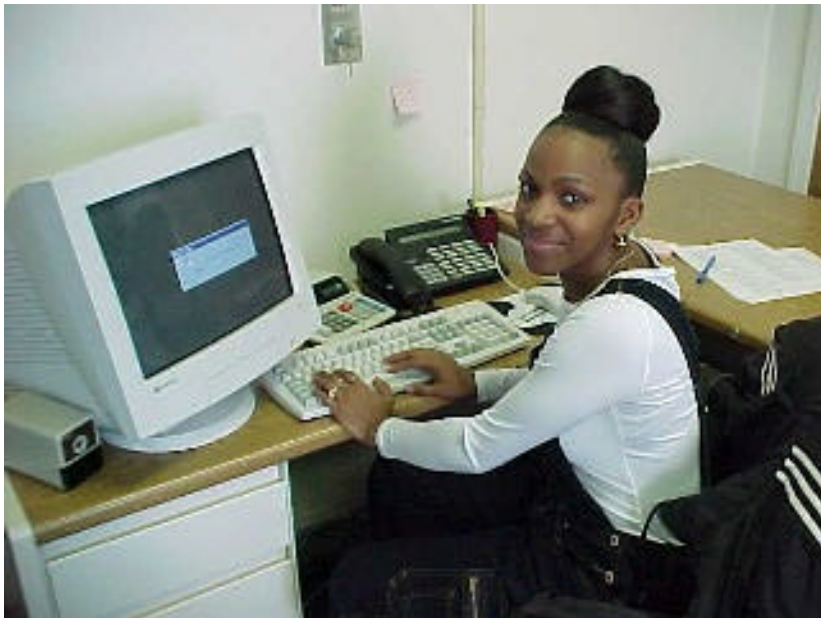
People seeking behavioral change progress through these stages may relapse from a "higher" stage to a "lower" stage, or may stagnate for long periods of time. The Stages of Change Theory presents a framework to modify destructive behaviors that prevent the individual with a TBI from achieving their rehabilitative goals.

Kerisha Turner Joins BISU Staff

Kerisha Turner is currently a student at Kentucky State University studying Social Work and Gerontology .

She is employed as part-time administrative assistant in the afternoon at the Brain Injury Service Unit.

Kerisha participates in the Flag Corps in the marching band and enjoys singing, reading, and spending time with family and friends.



Kerisha

Brave new world? We must make it so

By JENNIFER STEPHENSON

With many illnesses and accidents, we may need temporary assistance and concessions and society is usually quick to respond. When we break a leg, for instance, we probably have a cast and use crutches – signs that we may need help. Once our leg heals, in most cases we pick up our old life again and no longer need or receive these special considerations.

With other types of physical "interruptions," however, such as spinal cord injuries or the loss of a sense such as sight, life may never resume its former shape but again, there are outward signs for society. Seeing a wheelchair-bound child approach a closed door, for instance, most of us would wait and hold the door until he was inside. Noticing a sightless woman about to step into a hole in the sidewalk, who among us would not rush to her aid? And few of us take parking places marked with the handicap symbol away from those who need them. In other words, because of visible clues, we notice these people, correctly assess their needs, and seek to help them adapt. Their need and our assistance do not stop after a few weeks or months or even years. We extend it for the rest of their lives.

With a third type of injury, however, the ability to function has changed permanently. But often no outward evidence remains once the trauma and recovery period has passed. As a result, society does not realize that special considerations are still needed.

With no obvious signs – no cast or crutches, no wheelchair or cane – how could they? I am speaking, of course, of Traumatic Brain Injury (TBI). One of the most frustrating residuals of TBI is that once the scars have healed, the hair has grown back, and the therapy has ended, it may be difficult, if not impossible, for us to tell that an individual still needs our help. Because there are no outward clues, there is no assessment, understanding, and assistance by others. One physician calls them the walking wounded. It is not always obvious they need our help, but they often do.

> *"I used to have a lot of friends...now they don't want to be with me. I wish they had let me die in the hospital."*
>
> *- A survivor of TBI*

For example, two of the most common effects of TBI include a loss of short-term memory ability and an increase in thought-processing time. Recently, a 19-year old woman, survivor of a car accident and a severe brain injury, fell to pieces in the restaurant where she worked as a hostess. A sudden rush of customers had left her confused and panicked as she tried her best to figure out quickly where to seat them and how long the wait would be for each group.

When some of the people waiting for tables began making cutting remarks about her to one another, loud enough for the woman to hear, she left her station in tears and ran to the back of the restaurant crying.

My daughter, who works at the same restaurant as a waitress and has dealt with her older brother's residual TBI effects for nearly five years, followed her. The woman cried out to my daughter: "I should have died in the accident. Why did I live? What good am I anymore? I used to be smart, but now I'm dumb. Nobody even likes me now. I used to have a lot of friends. Now they don't want to be with me. I wish they had let me die in the hospital."

Medical advancements, trauma centers, rehabilitation hospitals – all so amazing, competent, and unbelievably adept at saving, retraining, and sending TBI survivors back into society – ultimately fail in their task if we do not equally educate and inform society and prepare those who work with brain injury survivors. Saving their lives and restoring them to their new highest functional level is not enough. We must continue to assist them in adapting to their new world. It is not possible to make up for their losses or replace what is gone; it is critical to refrain from adding to this loss and to extend to them the same understanding and compassion we extend to others with more visible reminders.

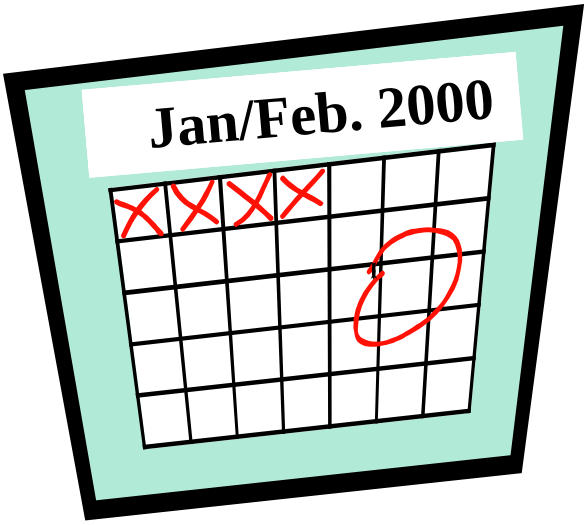
Jennifer Stephenson is the parent of a child with Traumatic Brain Injury.

FYI...

- **Tom Clark, Nurse Consultant, and Amy Morelock, Program Specialist**, with the Brain Injury Services Unit, are available on request to attend interdisciplinary team meetings. They can provide assistance with the interdisciplinary team process, technical assistance with the ABI Waiver Program, help with clinical problems, and other supports to local teams. For more information call the BISU at (502) 564-3615.

- **Benita Jackie**, RN, a Nurse/Consultant with the Department for Medicaid Services, will be visiting some of the agencies participating in the ABI Waiver Program that have been reviewed by the Brain Injury Services Unit. She will assess the accuracy of the BISU review and offer feedback on the review to the BISU staff.

Upcoming events



Meetings

March 30-31, 2000

Brain Injury Summit 2000 in Louisville.

Trainings

February 10, 2000

Case Management Training in London.

February 16-18, 2000

ABI Medicaid Waiver Training in London. Basic Orientation will be held on Feb. 16-17. Training of Trainers will be held on Feb. 18.

May 9, 2000

Case Management Training in Bowling Green.

May 10-12, 2000

ABI Medicaid Waiver Training in Madisonville. Basic Orientation on May 10-11, Training of Trainers on May 12.

For more information on these events and training: Please call the Brain Injury Services Unit at (502) 564-3615 or the Brain Injury Association of Kentucky at 1-800-592-1117.

Continuing Education Opportunities

The following trainings will be held at the Frazier Rehab Center in Louisville from 4:30 p.m. to 6 p.m. Wednesdays in the 4th Floor Activity Room. For more information call 502 582-7494.

Jan. 26, 2000: Visual Perceptual Changes After Brain Injury

Feb. 2, 2000: Myths & Misconceptions About Brain Injury

Feb. 9, 2000: Brain anatomy, Function & Types of Injury.

Feb. 16, 2000: Nursing Care Issues With Brain Injury

Feb. 23, 2000: A Discussion With A Brain Injury survivor

March 1, 2000: Sexuality and Brain Injured Individuals of All Ages

March 8, 2000: Brain Injury: Communication and Cognition

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